

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11037-62-045087
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED NOV 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Webster Groves	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS 1432 Grant Road	
3. NAME OF DECEASED (Type or print): First Middle Last Polk Floyd Williams		4. DATE OF DEATH Month November Day 15, Year 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-17-1899
9. AGE (last birthday) 63		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Adjuster Ret.		10b. KIND OF BUSINESS OR INDUSTRY Insurers Adjustment	
11. BIRTHPLACE (City and state or country) Miami County, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Williams		13b. MOTHER'S M maiden NAME Ida M. Harding	
14. NAME OF HUSBAND OR WIFE Betty Josephine Williams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Betty Josephine Williams	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 day 10 days.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Scholastic Heart Disease - Myocardial Infarction		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1948 to 11-15-62 and last saw her alive on 11-14-62 Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Carl H. H. MD	
22b. ADDRESS 1432 Grant Road		22c. DATE SIGNED 11-16-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)	23b. DATE 11-17-62	23c. NAME OF CEMETERY OR CREMATORY Richmond Cemetery	23d. LOCATION (City, town, or county) (State) Richmond, Kansas
24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. NOV 16 1962	
26. REGISTRAR'S SIGNATURE		27. REGISTRAR'S SIGNATURE	

Dr. Carl Reis
18 S. Kingshighway

Phone: FO 1-0150

11:30 until 5:00 FRIDAY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph E. McCulloch

Licensed Embalmer No. 2966

P. O. Address 6148 Plume

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.